

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009369

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		4				
6		4				
7		4				
8		4				
9		10				
10		10				
11		4				
12		4				
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	58					
TOTAL CLAIMS	65					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS